

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **708** **Oleum Ave**)

File No. **21804**

Registered No. **5523**

St. .... Ward)

2. FULL NAME

(a) Residence, No. **708 Oleum Ave** St., **23** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

**Male**

4. COLOR OR RACE

**White**

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

**Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

**Sept. 10-1933**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

**8**

**21**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

**None**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**St. Louis**

FATHER

13. NAME

**Adolph H. Klein**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Mo**

MOTHER

15. MAIDEN NAME

**Barbara Hartman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**St. Louis**

17. INFORMANT (ADDRESS)

**Adolph H. Klein**  
**708 Oleum Ave**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Old St. P. Pauli** DATE **June 2** 1934

19. UNDERTAKER (ADDRESS)

**Wardner Haller**  
**2331 70. Bway**

20. FILED **IN - 2 1934**

**Jo. B. Bredeck**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1** 1934

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 10** 1933 to **June 1** 1934

I last saw him alive on **June 1** 1934 Death is said to have occurred on the date stated above, at **10 A.M.**

The principal cause of death and related causes of importance were as follows:

**congenital malformation of heart**  
**157C**

Other contributory causes of importance:  
**157C**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) **Edward Wenger** M. D.  
(Address) **2002 S. B. Hwy**

